AMENDMENT TRANSMITTAL LETTER			Docket Number EMS-07401	
Application Number 10/808,781	Filing Date March 25, 2004	First Named Inventor Fernando OLIVEIRA	Group Art Unit 2164	
Invention Title CONTINUOUS DAT	A BACKUP		Examiner PANNALA, Sathyanaraya R.	

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is a response in the above-identified application, including:

- Amendment and Response (19 Pages);
- (X) Amendment Transmittal (1 Page, in duplicate)
- (X) Return Postcard

CLAIMS AS PRESENTED

	(1)		(2)	(3)			
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	F	EE
TOTAL CLAIMS	30	Minus	35	0	x \$ 50	\$	
INDEPENDENT CLAIMS	4	Minus	6	0	x \$210	\$	
MULTIPLE DEPENDENT CLAIM ADDED					\$370	\$	
					TOTAL	\$	
If applicant has small en 1.27, then divide total fe	tity status under 3 ee by 2, and enter	7 CFR 1.9 amount h	9 and nere.	SMALL ENTIT	Y TOTAL	\$	
* If the entry in colu	mn 1 is lose than t	ho ontre	in anti-man Ota- i	107 :1			

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the highest number previously paid for Total Claims in column 2 is less than 20, enter "20."

If the highest number previously paid for Independent Claims in column 2 is less than 3, enter "3."

The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.

() Please charge Deposit Account Number 05-0889 in the amount of \$ duplicate copy of this sheet is enclosed.		Please charge Deposit Account Number 05-0889 in the amount of \$ A duplicate copy of this sheet is enclosed.
()	Please charge \$to our credit card. Attached is PTO Form 2038.
()	A check in the amount of \$ to cover the filing fee is enclosed.
()	()	Please credit any overpayment and/or charge any additional filing fees required under 37 CFR §§ 1.16 and 1.17 to our Deposit Account Number 503596.

Borlatd W. Muirhead, Reg. No. 33,978

July 3, 2008

Date

Customer No. 52427

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 3, 2008.

(10-95)

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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CLAIMS AS PRESENTED

(1) (2) (3)**CLAIMS HIGHEST PRESENT** RATE FEE REMAINING **NUMBER NUMBER AFTER PREVIOUSLY EXTRA AMENDMENT** PAID FOR **TOTAL CLAIMS** Minus 30 35 0 x \$ 50 \$ INDEPENDENT CLAIMS Minus 4 6 0 x \$210 \$ **MULTIPLE DEPENDENT** \$370 \$ **CLAIM ADDED TOTAL** \$ If applicant has small entity status under 37 CFR 1.9 and **SMALL ENTITY TOTAL** \$ 1.27, then divide total fee by 2, and enter amount here.

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the highest number previously paid for Total Claims in column 2 is less than 20, enter "20."
- *** If the highest number previously paid for Independent Claims in column 2 is less than 3, enter "3."

The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.

()	Please charge Deposit Account Number 05-0885 in the amount of \$ A duplicate copy of this sheet is enclosed.
()	Please charge \$to our credit card. Attached is PTO Form 2038.
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Sandra Pires

(10-95)

Date

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